Preventive Health Care

October 2005

(Federal Bureau of Prisons - Clinical Practice Guidelines)

Errata

Several errors and omissions occurred in the September 2005 version of the Federal Bureau of Prisons Clinical Practice Guidelines for Preventive Health Care. The October 2005 version has been amended as follows:

- The recommended screening schedule for women at high risk for breast cancer is to perform annual mammograms beginning at age 40 (corrected in Appendices 2, 3 and 4a).
- The recommended age for initiating lipid screening in average risk males is age 35 (corrected in Appendix 4b).
- Recommendations for screening for lipid disorders in individuals with diabetes or existing cardiovascular disease clarified (Appendix 2 and 3).
- Appendices 4a and 4b (Inmate Fact Sheets) were amended to indicate that colonoscopies are provided for inmates at high risk for colon cancer.
- Recommended procedure for performing PAP smears was added to Appendices 1 and 3.

The October 2005 version also contains several non-substantive editorial revisions.

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Appendices

1. Purpose

The Federal Bureau of Prisons (BOP) Clinical Practice Guidelines for Preventive Health Care outline health maintenance recommendations for federal inmates. **These guidelines do not cover diagnostic testing or treatments that are medically indicated based on patient signs and symptoms and do not preclude patient-specific screening based upon medical histories and evaluations**.

2. Preventive Health Care Overview

The BOP preventive health care model includes the following components:

- A scope of services that incorporates targeted patient counseling, immunizations, and screening for infectious diseases, cancer and chronic diseases based upon the recommendations of the U.S. Preventive Services Task Force (USPSTF). (The BOP preventive health care program deviates from USPSTF recommendations only when the risk characteristics of the BOP inmate population suggest an alternative approach.);

- A health care delivery system that uses a multi-disciplinary team approach with specific duties assigned to each team member;

- An emphasis on inmate responsibility for improving their health status and seeking preventive services;

- Prioritization of inmates at high risk for specific health problems; and

- Discontinuation of routine annual physical examinations.

3. Preventive Health Care Scope of Services

Intake: Newly incarcerated inmates are screened for contagious diseases, active substance abuse, chronic diseases or mental illness that warrant prompt interventions. Intake screening and prevention parameters are outlined in *Appendix 1 (Preventive Health Care - Intake Parameters)* and are governed by current BOP policy.

- **Tuberculosis (TB):** Symptom screening for TB disease should be considered a public health priority that is universally conducted on all newly incarcerated inmates. All inmates should be screened with a tuberculin skin test (TST) within 48 hours of intake except for those with a credible history of treatment of latent TB infection or treatment of active TB disease. A chest radiograph (CXR) should be performed for those with a positive TST. All HIV-infected inmates should have a CXR performed at intake, in addition to the intake TB symptom screen and a tuberculin skin test. Some facilities, which house inmates with a high incidence of TB, may conduct routine CXR screening of all inmates entering the

prison. Decisions about use of routine CXR screening should be made in consultation with the Warden, Regional and Central Office HSD staff.

- **Sexually transmitted disease** screening is based on age, gender and patient-specific risk factors *(Appendix 1)*. For female inmates, syphilis screening should be conducted universally; chlamydia screening should be conducted on the basis of identified risk factors. Male inmates should be screened for syphilis if they report risk factors for syphilis. However, Clinical Directors should consider universal syphilis screening for males if syphilis is hyperendemic in the community from which the inmate population is drawn, e.g., certain large urban areas.

- **Immunizations** are ordinarily not recommended at the time of intake with the exception of measles, mumps, and rubella (MMR) vaccine for all child-bearing age women who report never receiving the vaccine as an adult.

Prevention baseline visit: A prevention baseline visit should occur for all sentenced inmates within six months of incarceration. The prevention baseline visit may be either incorporated into the intake physical examination or occur as a separate visit at a later time at the discretion of the Clinical Director and Health Services Administrator.

A primary purpose of the prevention baseline visit is to assess the inmate's risk factors and identify need for and frequency of recommended preventive health measures as outlined in *Appendix 2 (Preventive Health Care - Scope of Services)* and in *Appendix 3 (Preventive Health Care Guidelines by Disease State)*. **All inmates should be advised of the preventive health measures that are provided by the BOP and of their responsibility for seeking these services.** A plan should be developed with the inmate for accessing recommended preventive health services.

The following preventive measures should be provided in accordance **with the specific indications outlined in** *Appendix 2:*

- Immunizations against tetanus/diphtheria; pneumococcal pneumonia; hepatitis A; hepatitis B; measles, mumps and rubella; and influenza (as seasonally appropriate).

- Screening for HIV, HBV, and HCV infections (if not done at intake) in otherwise asymptomatic inmates based on risk factors or upon inmate request.

- Completing a preventive health risk assessment and developing a plan with the inmate for delivery of follow-up preventive health services.

Prevention periodic visits: Periodic visits to review the need for and receipt of preventive health care services is recommended at least:

- **Every three years for sentenced inmates under age 50** (with the exception of annual tuberculin skin tests, annual influenza vaccinations for certain inmates and annual audiograms for inmates at occupational risk); and

- **Annually for inmates 50 years of age and older.**

The frequency of monitoring patients should be patient-specific, and adjusted as clinically necessary to monitor significant changes in a parameter, e.g., increases or decreases in weight or blood pressure.

The following screening parameters should be included in periodic preventive health care visits as outlined in *Appendix 2* and *Appendix 3*.

- Counsel regarding nutrition, exercise, substance abuse, and infectious disease transmission;
- Measure weight, BMI (schedule reevaluation based on trend);
- Measure blood pressure (schedule reevaluation based on trend);
- Screen for latent TB infection with annual tuberculin skin test (unless previously positive);
- Screen for TB disease with chest radiographs for certain inmates who refuse isoniazid treatment;
- Screen for hearing loss with annual audiograms for those at occupational risk;
- Screen for breast, cervical, and colon cancers per established parameters/clinical indications;
- Screen for cardiovascular risk (aspirin need), diabetes, and hypercholesterolemia per criteria;
- Screen for osteoporosis in females 65 years of age and older; and
- Screen for abdominal aortic aneurysms in male smokers 65 to 75 years of age.

Universal screening for certain diseases, such as glaucoma, and ovarian and prostate cancer, is not recommended based on a lack of evidenced-based data, but may be indicated for certain inmates based on risk factors or clinical concerns. Decisions regarding screening for these conditions should be patient-specific.

4. Preventive Health Care Delivery

The delivery of preventive health care services is a shared responsibility **between the inmate and the BOP health care team**. Inmates should be provided information on available preventive services as outlined in *Appendices 4a and 4b (Inmate Fact Sheets - Preventive Health Program*) and counseled about their responsibility for seeking these services. All members of the health care staff team should be involved in some capacity in preventive health care under the collaborative leadership of the Health Services Administrator and Clinical

Director. Specific assignments are determined locally based on staffing mix, staff skill sets, and logistical factors. *Appendix 5 (Staff Roles for Preventive Health Care Delivery)* outlines how different categories of staff can be utilized in implementing the preventive health program. Additionally, inmate education and preventive services can be delivered, in part, through ancillary means such as group counseling, educational videotapes, and health fairs conducted by volunteers and community-based organizations.

5. Preventive Health Care Program Evaluation

Health Services Administrators and Clinical Directors should evaluate their preventive health care programs through their local IOP programs. Applicable evaluation strategies include, but are not limited to:

- **Assessing process measures** such as the proportion of inmates eligible for a certain health screen who are screened, e.g., proportion of eligible, asymptomatic inmates who had a fasting blood glucose;

- **Assessing outcome measures** such as the proportion of asymptomatic inmates screened who are diagnosed with a certain condition, e.g., proportion of those screened with a fasting blood glucose who are diagnosed with diabetes;

- **Conducting case studies** of inmates who are priority candidates for preventive services, i.e., are at high risk for a certain condition, who are not evaluated for the condition; and

- **Conducting case studies of inmates who are diagnosed clinically rather than through preventive screening** or have a negative clinical outcome related to a preventive measure that was not conducted, e.g., inmate suffers myocardial infarction and concurrently diagnosed with diabetes and was candidate for diabetes screening.

Appendix 1. Preventive Health Care - Intake Parameters	
All	
Detoxification	Assess need for detoxification at intake health screen.
TB Symptom Screen	At intake ask: 1. *Have you ever been treated for tuberculosis (TB)?* 2. *Have you had a cough for more than 2 weeks?* 3. *Are you coughing up blood?* 4. *Have you recently lost weight?* 5. *Do you have frequent fevers or night sweats?* Inmates who have symptoms suggestive of TB disease should receive a thorough medical evaluation, including a TST, a chest radiograph, and, if indicated, sputum examinations; and be isolated in a negative pressure isolation room (NPIR) if TB is suspected.
Tuberculin Skin Test	Within 48 hours for all inmates except those with credible history of treatment of latent TB infection (TLTBI) or TB treatment or history of severe reaction to tuberculin. Ignore BCG history. Consider 2-step test for inmates over age 50 or foreign born. Screening CXR for HIV infected inmates.
Vision	Snellen at intake physical
Females	
Syphilis	RPR: all females
Chlamydia	Nucleic acid amplification test (NAAT) from urine or cervical swab for any females who: - are age 25 and under - have HIV infection - have history of syphilis, gonorrhea or chlamydia
Cervical Cancer	PAP smear at intake physical. *(Use an extended tip spatula to sample the ectocervix and a cytobrush for the endocervix.)*
MMR Vaccine	Measles Mumps Rubella (MMR) vaccine at intake for all child-bearing age women who report never receiving as an adult
Males	
Syphilis*	RPR for all males who: - have had sex with another man - have HIV infection - have history of syphilis, gonorrhea or chlamydia
*Consider universal syphilis screening for male inmates from endemic areas.	

Appendix 2. Federal Bureau of Prisons
Preventive Health Care – Scope of Services

This chart provides an overview of preventive health services to be offered to *sentenced* inmates based upon age, sex and identified risk factors. For more information on intake screening see *Appendix 1*. An asterisk (*) indicates that more detail on risk factors and specific screening tests can be obtained in *Appendix 3*. This guideline does not cover testing indicated because of clinical signs and symptoms and does not preclude patient-specific screening based upon medical history and evaluation.

Screening	Recommended Age Groups												Tests / Schedule / Risk Factors
	15	20	25	30	35	40	45	50	55	60	65	70	
Prevention Visit	**Every 3 years**							**Every year**					**Prevention Visit**. **Within 6 months of intake** offer Prevention Baseline Visit. Then **under age 50 -** every 3 years; **age 50 and older -** annually. Review risk factors and needed screening tests; provide inmate counseling; obtain blood pressure and weight. Calculate BMI: www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm. If BMI 30 kg/m^2 or greater: nutrition and exercise counseling.
Hepatitis B Viral Infection	**Risk factor based (RFB)**												**HBsAg. RFB*:** ever injected illegal drugs; received tattoos or body piercings while in jail; hx of STD*; males who have had sex with other males; HIV or HCV infection; high risk country; on chronic hemodialysis*
Hepatitis C Viral Infection	**Risk factor based**												**Anti-HCV. RFB*:** ever injected illegal drugs; received tattoos or body piercings while in jail; HIV or HBV infection; blood transfusion (before 1992)*; ever on hemodialysis*
HIV Infection	**Risk factor based**												**HIV EIA. RFB*:** injected illegal drugs; unprotected sex with multiple sex partners/persons at risk for HIV*; males who have sex w/ males; hx of STD*; from Subsaharan/West Africa; hemophiliac; received blood products (1977-85)
TB	**Intake TB symptom screen Annual tuberculin skin test (TST)**												**Annual TST** unless documented prior TST (+). **CXRs***: TST convertors; HIV (+) inmates w/ hx of (+) TST and not completing TLTBI (every 6 mos)
Breast Cancer						**Avg risk: Every 2 years High risk: Annually**							**Mammogram. Avg risk:** every 2 years begin age 40**. High risk*:** annually begin age 40, i.e., if at least 2 first degree relatives with breast or ovarian cancer; relative with breast cancer before age 50; relative with 2 cancers*.
Cervical Cancer	**Annual**			**Every 3 years**									**PAP Smear. Age 30 and younger:** annually. **Ages 31 - 65 (**if previously normal results**):** every 3 years. See *Appendix 3* for PAP smear procedure.
Colorectal Cancer	**Risk factor based**							**Annual FOBT**(x3)					**Fecal Occult Blood Test (3 consecutive). Avg risk:** Annually begin age 50. **Colonoscopy. Higher risk*:** i.e., if colon cancer (personal or family history); inflammatory bowel disease; familial adenomatous polyposis; history of pre-cancerous lesions, etc. See *Appendix 3* for more detail.

Screening	15	20	25	30	35	40	45	50	55	60	65	70	Tests / Schedule / Risk Factors
Aspirin for CVD Risk	♂ **RFB**						♂ **Every 5 years**						**Avg Risk: Calculate CVD risk:** http://hin.nhlbi.nih.gov/atpiii/calculator.asp? **Males** begin age 40. **Females** begin age 45. If 10-year risk 6% or more discuss ASA 81 mg daily to reduce risk. **RFB:** Recommend daily ASA if diabetic and age over 40; or if diabetic age 40 and under and other risk factors: hypertension or smoking or dyslipidemia or albuminuria or family history of CVD
	♀ **RFB**						♀ **Every 5 years**						
Diabetes (Type II)							**High risk: Every 3 years**						**Fasting plasma glucose. High risk:** begin age 45 screen every 3 years, i.e, if BMI is 25 or greater; hypertension; hyperlipidemia; family hx of diabetes
Hearing	**If occupational risk - baseline & annual**											**Annual**	**Occupational risk:** annual audiogram. **Age 65+**: Ask about hearing annually
Lipid Disorders	♂	**RFB**			**Every 5 years**								**Total cholesterol and HDL. Avg risk males** begin age 35. **Avg risk females** begin age 45. **Higher risk:** begin age 20, i.e., if diabetes; existing CVD; relative with CVD disease (male under 50 or female under 60); or multiple CVD risk factors (e.g., tobacco & hypertension). DM or CVD**: Lipoprotein analysis**
	♀	**RFB**					**Every 5 years**						
Substance Abuse	**Risk factor based**												**Assess substance abuse history** (including tobacco). Provide substance abuse counseling and referral as needed.
Vaccines	**15**	**20**	**25**	**30**	**35**	**40**	**45**	**50**	**55**	**60**	**65**	**70**	**Vaccine / Indications**
Tetanus/ Diptheria	**Every 10 years**												**Td***. **U.S. born:** One dose if last dose was at least 10 years ago; then every 10 years. **Foreign born:** 3-dose series unless documentation; then every 10 years.
Influenza	**Risk factor based - Annual**											**Annual**	**Influenza. Age 50 or older**: yearly. **Medical risk factors**: per CDC annually
Pneumococcal	**RFB-Baseline / RFB - Repeat in 5 years**											**Once**	**Pneumococcal. Age 65 or older:** once. **RFB*** for certain chronic medical conditions, chronic pulmonary disease, CVD, immunosuppressive conditions, chemotherapy or long-term systemic corticosteroids (see *Appendix 3* for complete list). For certain risk factors: repeat in 5 years.
Hepatitis A	**Risk factor based**												**Hepatitis A. RFB*:** Men who have sex with men; users of injection and non-injection illegal drugs; chronic HBV or HCV infection; liver disease or cirrhosis
Hepatitis B	**Risk factor based**												**Hepatitis B. RFB*:** Certain clinical conditions (see *Appendix 3*) including cirrhosis or liver disease; HIV infection (with HBV risk factors); HCV infection; injection drug use; men who have sex with men; recent history of an STD*; inmate workers at risk for bloodborne pathogen exposure.
MMR	**Risk factor based**												**Measles/Mumps/Rubella (MMR): If born after 1956: U.S. born:** Administer 1 dose. **Foreign born after 1956:** Administer 2 dose series.

* See *Appendix 3*. **Abbreviations:** ♂=male, ♀=female, Anti-HCV=HCV antibody, BMI=body mass index, CVD=cardiovascular disease, DM=diabetes mellitus, EIA=enzyme immunoassay, HBV=hepatitis B virus, HBsAg=hepatitis B surface antigen, HCV=hepatitis C virus, NAAT=nucleic acid amplification test, RFB=risk factor based, STD=sexually transmitted disease, TLTBI=treatment of latent TB infection

Appendix 3. Preventive Health Care Guidelines by Disease State

This reference chart provides a detailed list of screening recommendations based upon age, sex and identified risk factors. It also includes the recommended screening tests and the source of the screening recommendation. *"All"* indicates that the recommendation applies to all inmates; *"Sentenced"* applies only to sentenced inmates.

Source Abbreviations: ACS=American Cancer Society, ACIP=Advisory Committee on Immunization Practices, ADA=American Diabetes Association, BOP=Bureau of Prisons, CDC=Centers for Disease Control and Prevention, CDC-DQ=CDC Division of Global Migration and Quarantine, USPSTF=United States Preventive Services Task Force

Disease / Source	Risk Factors Indicating Screening	Screening Test/ Guideline
Infectious Disease Screening		
Hepatitis B Viral Infection *Sentenced* **BOP CDC**	▸ ever injected illegal drugs and shared equipment ▸ received tattoos or body piercings while in jail or prison ▸ males who have had sex with another man ▸ history of chlamydia, gonorrhea or syphilis ▸ HIV infected ▸ HCV infected ▸ from high risk country (Africa, Eastern Europe, Western Pacific, Asia (except Japan)) ▸ history of percutaneous exposure to blood ▸ on chronic hemodialysis who fail to develop antibodies after two series of vaccinations (screen monthly) *(All)* ▸ pregnancy *(All)*	**HBsAg** **At Baseline Prevention Visit:** If HBV risk factors, recommend testing If pregnant, test immediately
Hepatitis C Viral Infection *Sentenced* **BOP CDC**	▸ ever injected illegal drugs and shared equipment ▸ received tattoos or body piercings while in jail or prison ▸ HIV infected ▸ HBV infected (chronic) ▸ received a blood transfusion/organ transplant before 1992 ▸ received clotting factor transfusion prior to 1987 ▸ percutaneous exposure to blood *(All)* ▸ ever on hemodialysis (currently - screen semiannually*)*	**Anti-HCV** **At Baseline Prevention Visit: If HCV risk factors, recommend testing**
HIV-1 *Sentenced* **BOP Federal Law**	▸ ever injected illegal drugs and shared equipment ▸ males who have had sex with another man ▸ had unprotected intercourse with a person with known or suspected HIV infection ▸ history of chlamydia, gonorrhea or syphilis ▸ had unprotected sex with more than one sex partner ▸ from a high risk country (Subsaharan or West Africa) ▸ hemophiliac or received blood products (1977 to 1985) ▸ percutaneous exposure to blood *(All)* ▸ diagnosis of active TB *(All)* ▸ pregnancy *(All)*	**HIV-1 EIA** **At Baseline Prevention Visit:** If HIV risk factors, recommend testing **Exception:** if pregnant or signs and symptoms of HIV infection test immediately

Disease / Source	Risk Factors Indicating Screening	Screening Test/ Guideline
HIV-2 **CDC**	▸ from West Africa where HIV-2 prevalence is > 1%: countries of Cape Verde, Côte d´Ivoire, Gambia, Guinea-Bissau, Mali, Mauritania, Nigeria, and Sierra Leone; from other West African countries reporting HIV-2: Benin, Burkina Faso, Ghana, Guinea, Liberia, Niger, Sao Tome, Senegal, Togo, Gambia; or other African nations reporting HIV-2 >1%: Angola & Mozambique ▸ have been sex partners or needle-sharing partners of person from West Africa or person known to have HIV-2 infection ▸ received transfusions in West Africa	**HIV-2 EIA** For inmates with these risk factors, also test for HIV-2
Sexually Transmitted Diseases **(Chlamydia & Syphilis)** **BOP** **USPSTF**	▸ **All females** . . . . . . ▸ **All females who:** . . . . . . – are 25 and under – have HIV infection – have history of syphilis, gonorrhea or chlamydia ▸ **All males who:** . . . . . . – have had sex with another man – have HIV infection – history of syphilis, gonorrhea or chlamydia Routine gonorrhea screening is not recommended unless symptoms of disease are present or syphilis or chlamydia have been diagnosed.	▸ **RPR** - at intake physical ▸ **Chlamydia -** at intake physical (NAAT urine or cervical swab) ▸ **RPR** - at intake physical
Tuberculosis ***All*** **CDC** **BOP**	▸ **All inmates** . . . . . . ▸ **All inmates except those with:** . . . . . . – hx of tx of latent TB infection (TLTBI) or TB tx – history of severe reaction to tuberculin *Consider 2-step for inmates over age 50 or foreign born . . .* ▸ **All with baseline negative TST** . . . . . . ▸ **HIV seropositive** . . . . . . ▸ **HIV seropositive w/ history of positive TST and refused or did not complete TLTBI** . . . . . . ▸ **HIV seropositive contact of TB case refusing TLTBI** (regardless of TST result) . . . . . . ▸ **Documented HIV (-) TST convertor** refusing TLTBI . . .	▸ **Intake TB symptom screen** ▸ **Tuberculin skin test (TST)** within 48 hrs of intake ▸ **2- step TST** ▸ **TST -** Annual ▸ **CXR** - Baseline ▸ **CXR** - Every 6 months ▸ **CXR** - Every 6 months ▸ **CXR** - Every 6 mos. x 2 yrs

Disease / Source	Risk Factors Indicating Screening	Screening Test/ Guideline
Cancer Screening		
Breast Cancer *Sentenced* **BOP** **USPSTF** **ACA**	**All** - clinical breast exam (CBE) . . . . . . **Average risk females beginning age 40** . . . . . . **Risk factor based beginning age 40:** . . . . . . ‣ 2 first degree relatives with breast or ovarian cancer ‣ breast cancer before age 50 in an affected relative ‣ relative with two cancers (breast and ovarian or 2 independent breast cancers) ‣ female with male relative with breast cancer	‣ Offer **CBE** annually ‣ **Mammogram** - every 2 yrs ‣ **Mammogram** - annually
Cervical Cancer *Sentenced* **BOP/ACS**	**All Females** (who have a cervix): . . . . . . ‣ age 30 and younger . . . . . . ‣ ages 31 to 65 and previously negative PAP smears . . . . *(Use an extended tip spatula to sample the ectocervix and a cytobrush for the endocervix.)*	‣ At intake physical ‣ Annually ‣ Every 3 years
Colorectal Cancer *Sentenced* **USPSTF** **ACS**	‣ **Average risk** - beginning age 50 . . . . . . **Increased risk:** ‣ History of single, small (< 1 cm) adenoma ‣ History of large (1 cm +) adenoma, multiple adenomas, or adenomas with high-grade dysplasia or villous change ‣ History of curative-intent resection of colorectal cancer ‣ Either colorectal cancer or adenomatous polyps, in first degree relative before age 60, or in 2 or more first-degree relatives **High risk:** ‣ Family history of familial adenomatous polyposis (FAP) ‣ Family history of hereditary non-polyposis colon cancer (HNPCC) ‣ Inflammatory bowel disease, chronic ulcerative colitis, Crohn's disease	‣ **Fecal occult blood test** annually *Provide inmate with guiac-based test cards to use with 3 consecutive stools and return to clinic. Do not rehydrate specimen. If (+) → colonoscopy.* ‣ **Colonoscopy** 3-6 years after the initial polypectomy. If normal → screen per average risk ‣ **Colonoscopy** within 3 years after the initial polypectomy. If normal, repeat in 3 years. If normal → screen per average risk. ‣ **Colonoscopy** within 1 year after resection. If normal, repeat in 3 years. If normal → screen per average risk. ‣ **Colonoscopy** every 5-10 years beginning at age 40 or 10 years before the youngest case in immediate family. ‣ **Endoscopy and counseling to consider genetic testing.** If the genetic test positive → colectomy. ‣ **Colonoscopy.** Counsel regarding genetic testing. If genetic test is positive or if patient has not had genetic testing, every 1-2 years until age 40, then annually. ‣ **Colonoscopy** with biopsies for dysplasia every 1-2 years.

Disease / Source	Risk Factors Indicating Screening	Screening Test/ Guideline
Ovarian Cancer	The United States Preventive Services Task Force recommends against routine screening for ovarian cancer, finding that there is no evidence that any screening test (including CA-125, ultrasound, or pelvic examination) reduces mortality from ovarian cancer.	
Prostate Cancer	The United States Preventive Services Task Force found insufficient evidence to recommend for or against routine screening for prostate cancer by prostate surface antigen or digital rectal exam. Decisions about screening should be made on a case by case basis with the inmate.	
Chronic Diseases/ Lifestyle		
Abdominal Aortic Aneurysm ***(Sentenced)*** **USPSTF**	Men, ages 65 to 75 with a history of smoking *Screen for abdominal aortic aneurysm (AAA) and surgical repair of large AAAs (5.5 cm or more)*	**Abdominal Ultrasonography**
Aspirin for CVD Risk ***Sentenced*** **USPSTF**	▸ **Average risk:** Calculate CVD risk every 5 years with calculator: http://hin.nhlbi.nih.gov/atpiii/calculator.asp? **Men** beginning age 40 and **Women** beginning age 45, ▸ **High risk:** Diabetes mellitus and either age over 40 or presence of other risk factors (family hx of CVD, existing CVD, hypertension, smoking, dyslipidemia, albuminuria).	If high risk or 10-year CVD risk is 6% or greater, discuss daily aspirin (81 mg/day) to reduce CVD risk. Determine if ASA contraindications exist.
Diabetes Mellitus ***Sentenced*** **ADA, BOP USPSTF**	▸ **Risk factor based beginning age 45 or greater** ▸ BMI of 25 kg/m^2 or greater ▸ hypertension ▸ hyperlipidemia ▸ family history of diabetes (i.e., parents or siblings)	**Fasting Plasma Glucose** ▸ Every 3 years
Hypertension **BOP/USPSTF**	▸ Under age 50 . . . . . . ▸ Age 50 and over	**Blood Pressure** ▸ At least every 3 yr ▸ At least annually
Lipids ***Sentenced*** **USPSTF**	▸ **Average risk males** beginning age **35** . . . . . . ▸ **Average risk females** beginning age **45** . . . . . . ▸ **Risk factor based** beginning age **20** . . . . . . - 1st degree relative with CVD (male before age 50, female before age 60) - tobacco use and hypertension - diabetes or existing cardiovascular disease . . . . . . - cardiovascular disease . . . . . . - diabetes mellitus . . . . . . *If lipid levels are close to warranting therapy, then shorten intervals between screening.*	**Total Chol & HDL** every 5 years **Lipoprotein analysis** ▸ every year ▸ every 5 years

Disease / Source	Risk Factors Indicating Screening	Screening Test/ Guideline
Obesity ***Sentenced*** **USPSTF**	Calculate Body Mass Index utilizing calculator at www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm ▸ Under age 50 . . . . . . ▸ Age 50 and older . . . . . . Nutrition / exercise counseling for BMI of 30 or greater.	**Height / Wt / BMI** ▸ every 3 years ▸ every year
Osteoporosis ***Sentenced*** **USPSTF** **Surgeon General Report**	▸ **Women age 65 and older** ▸ **Risk factor based:** women age 60–64 with body weight less than 70 kilograms and no current use of estrogen. *Repeat screening as clinically indicated.*	**Bone density screening** The most commonly recommended test is dual x-ray absorptiometry (DXA).
Substance Abuse **BOP**	▸ **All inmates:** At intake assess for substance abuse history. Assess for need for detoxification. Provide counseling and referral to BOP substance abuse and smoking cessation programs, as indicated.	**Substance abuse history**
Sensory Screening		
Vision ***Sentenced*** **USPSTF**	▸ **All inmates** . . . . . . ▸ **Age 65** and older	▸ **Snellen** at intake physical ▸ **Snellen** annually
Hearing ***Sentenced*** **USPSTF / BOP**	▸ **Age 65** and older ▸ Occupational risk (any age)	▸ **Ask about hearing** annually ▸ **Audiogram** annually
Immunizations		
For more specific information about immunizations and contraindications see: ACIP. Summary of Recommendations for Adult Immunization: http://www.immunize.org/catg.d/p2011b.htm		
Vaccine / Source	**Risk Factor**	**Guideline**
Tetanus/ Diptheria (Td) ***Sentenced*** **ACIP** **CDC-DQ**	▸ **U.S. born** . . . . . . ▸ **Foreign born** . . . . . . (including pregnant women)	▸ **At Prevention Baseline Visit:** Administer one dose if last dose was at least 10 years ago. ▸ **At Prevention Baseline Visit:** Unless documentation of Td, give complete 3-dose series: administer first 2 doses at least 4 weeks apart and the 3rd dose 6–12 months after the 2nd dose.

Vaccine / Source	Risk Factor	Guideline
Influenza ***All*** **ACIP**	▸ **Age 50 or older . . . . . .** ▸ **Medical risk factors . . . . . .**	▸ **Annual** ▸ **Per annual CDC directive**
Pneumococcal ***Sentenced*** **ACIP**	▸ **Age 65 and over . . . . . .** ▸ **Risk factor based . . . . . .** – chronic pulmonary disease (excluding asthma) – cardiovascular diseases – diabetes mellitus – chronic liver diseases – * chronic renal failure or nephrotic syndrome – * functional or anatomic asplenia (e.g., sickle cell disease or splenectomy) – * immunosuppressive conditions (e.g., congenital immunodeficiency, HIV infection, leukemia, lymphoma, multiple myeloma, Hodgkins disease, generalized malignancy, or organ transplantation) – * chemotherapy with alkylating agents, antimetabolites, or long-term systemic corticosteroids – cochlear implants – Native American or Alaskan Native	▸ **Once** ▸ **Once regardless of age.** Repeat at age 65 if greater than 5 years have elapsed since last dose. * For inmates with asterisked conditions, one-time revaccination after 5 years
Hepatitis A ***Sentenced*** **CDC** **BOP** **ACIP**	▸ **Risk factor based:** – men who have sex with men – users of injection and non-injection illegal drugs – chronic HBV infection – chronic HCV infection – liver disease or cirrhosis – recipients of clotting factor concentrates	▸ **At Baseline Prevention Visit:** Two dose series: administer 2nd dose at least 6 months after 1st dose

Vaccine / Source	Risk Factor	Guideline
Hepatitis B ***Sentenced*** **BOP** **CDC** **ACIP**	▸ **Risk factor based:** – hemodialysis patients – end-stage renal disease (hemodialysis anticipated) – recipients of clotting factor concentrates – inmate workers at risk for bloodborne pathogen exposure – HIV infected (with risk factors for acquiring HBV) – chronic HCV infection – cirrhosis or liver disease – injection drug use – men who have sex with men – history of syphilis, gonorrhea or chlamydia in last 6 months – pregnant women (unvaccinated HBsAg-neg mothers) – post-exposure prophylaxis – contacts to inmates with acute hepatitis	▸ **At Prevention Baseline Visit** administer 3 dose series. The 2nd dose is given 1 to 2 months after the 1st dose. The 3rd dose is given 4 to 6 weeks after the 2nd. *Note: Pre-screening Anti-HBs is cost-effective for inmates from high risk countries, or if predicted prevalence exceeds 30%.*
Measles/ Mumps/ Rubella (MMR) ACIP CDC-DQ	▸ **Women of child-bearing age . . . . . .** ▸ **U.S. born** - born after 1956 **. . . . . .** ***(Sentenced)*** ▸ **Foreign born -** born after 1956 **. . . .** ***(Sentenced)*** *HIV infection is NOT a contraindication to MMR except for those who are severely immunocompromised.*	▸ **At intake** administer 1 dose ▸ **At Prevention Baseline Visit** administer 1 dose ▸ **At Prevention Baseline Visit** administer 2 dose series--initial dose and then 2nd dose 4 to 8 weeks later

Appendix 4a. Inmate Fact Sheet - Preventive Health Program (Women)

Preventive Health Screening - Initial

The following health preventive screening is provided shortly after you enter federal prison.

TB skin test	▸ Unless you have a previously positive documented skin test
Chest x-ray	▸ If you have a positive TB skin test or have HIV infection
Chlamydia	▸ If you are age 25 or less, have HIV infection, or have a history of syphilis, gonorrhea, or chlamydia
Syphilis	▸ At intake physical exam
PAP Smear	▸ At intake physical exam
MMR Vaccine	▸ If you are of child-bearing age without documented vaccination

Your health care provider may recommend additional health screens based on your medical history and physical examination.

Preventive Health Screening - Sentenced Inmates

The following preventive health screens are routinely provided for *sentenced* inmates. You can request a prevention visit to review needed preventive health services, every 3 years (if you are under age 50) or every year (if you are age 50 and over).

Viral Hepatitis	▸ If you are at risk of hepatitis B or hepatitis C viral infections or report prior infection
HIV	▸ If you are at risk of infection or report prior infection
TB skin test	▸ Every year unless you had a positive test in the past
Breast Cancer	▸ Mammogram begin age 40, every 2 years; annually if family history of breast cancer. Annual breast exam upon request.
Pap Smear	▸ If you are age 30 or below every year; if over age 30, every 3 years
Colon Cancer	▸ Testing for blood in your stool every year beginning at age 50; colonoscopy if you are at higher risk for colon cancer
Diabetes	▸ If you are at risk, screening every 3 years beginning age 45
Cholesterol	▸ Beginning at age 45, screen every 5 years (sooner if you are at risk)

In addition, vaccinations are provided as recommended. Other preventive health services may be made available to you based on your age and specific needs.

Take care of yourself while you are in prison

- Exercise regularly
- Eat a healthy diet (low fat, more fruits and vegetables)
- Take medications as recommended by your doctor
- Don't use tobacco or illegal drugs or get a tattoo while in prison
- Don't have sexual contact with others while in prison

Appendix 4b. Inmate Fact Sheet - Preventive Health Program (Men)

Preventive Health Screening - Initial

The following health preventive screening is provided shortly after you enter federal prison.

TB skin test	▸ unless you have a previously positive documented skin test
Chest x-ray	▸ if you have a positive TB skin test or have HIV infection
Syphilis	▸ At intake physical exam if have HIV infection, or have a history of syphilis, gonorrhea, or chlamydia

Your health care provider may recommend additional health screens based on your medical history and physical examination.

Preventive Health Screening - Sentenced Inmates

The following preventive health screens are routinely provided for *sentenced* inmates. You can request a prevention visit to review needed preventive health services, every 3 years (if you are under age 50) or every year (if you are age 50 and over).

Viral Hepatitis	▸ If you are at risk of hepatitis B or hepatitis C viral infections or report prior infection
HIV	▸ If you are at risk of infection or report prior infection
TB skin test	▸ Every year unless you had a positive test in the past
Colon cancer	▸ Testing for blood in your stool every year beginning at age 50; colonoscopy if you are at higher risk for colon cancer
Diabetes	▸ If you are at risk, screening every 3 years beginning age 45
Cholesterol	▸ Beginning at age 35, screen every 5 years (sooner if you are at risk)

In addition, vaccinations are provided as recommended. Other preventive health services may be made available to you based on your age and specific needs.

Take care of yourself while you are in prison

- Exercise regularly
- Eat a healthy diet (low fat, more fruits and vegetables)
- Take medications as recommended by your doctor
- Don't use tobacco or illegal drugs or get a tattoo while in prison
- Don't have sexual contact with others while in prison

Appendix 5. Staff Roles for Preventive Health Care Delivery

Primary Care Provider Teams in each facility will be responsible for providing preventive health care services. Roles and responsibilities for specific aspects of preventive health care will vary based upon staffing in each facility and adaptations required to maintain clinic operations. The most efficient and cost-effective way to implement the preventive health care guidelines is to assign appropriate responsibilities to each health care professional team member. All team members should be oriented to these guidelines.

Clerical Staff

Possible tasks include pulling and filing medical records, scheduling appointments, preparation of lab slips, and auditing records.

Nursing Staff

Emphasis on preventive health care may involve an expanded role for nurses in each facility depending on their availability.

Preparation for Preventive Health Visits: A thorough chart review prior to the visit should be conducted to determine in advance of the visit what tests and evaluations are indicated based upon the inmate's age, sex and risk factors. Laboratory tests and evaluations can be ordered prior to the Prevention Visit (utilizing standing orders) to maximize clinic efficiency.

Preventive Health Visits: Nursing functions can include interviewing inmates, assessing risk factors, recommending and ordering (with standing orders) specific health screens and interventions, instructing inmates about prevention measures, administering immunizations and providing health education.

***Preventive Health Follow-up*:** Abnormal results shall be reviewed and referred to the MLP or physician for follow-up.

Mid-Level Practitioners

MLPs are responsible for ensuring that their patients have been offered preventive services, counseling inmates on serious health conditions that require treatment, following-up abnormal results, and developing a treatment plan.

Physicians

Physicians are responsible for developing a treatment plan, particularly for complicated patients, and for mentoring and advising MLPs on specific patients.

Clinical Director

Clinical Directors are responsible for serving as a role model and leader in delivering preventive health services, providing standing orders for nurses, giving staff education, developing IOP measures, and working with the Health Services Administrator to ensure that adequate staffing, supplies and materials are available for successful implementation of the program.

Appendix 6. Selected Preventive Health Care References

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